

Name: _____ *SSN:* _____

* 1-OUTSTANDING: indicates exceptional performance considering the student's level of training.	
2-ABOVE AVERAGE: exceeds expected level of performance based on student's level of training.	
* 3-ACCEPTABLE: meets expected level of performance for the student's level of training. (The great majority of students will be in this category.)	
* 4-NEEDS IMPROVEMENT: has not yet demonstrated the expected level of performance, but has shown potential to do so.	
* 5-UNACCEPTABLE: has not yet demonstrated the expected level of performance or the potential to do so in spite of counseling on this deficiency.	
6-NOT OBSERVED: to be used only in instances where there is no basis on which to rate the student on that area of performance.	
7-NOT OBSERVED: MAY NOT BE USED FOR 6, 7, 8 ABOVE.	
* OUTSTANDING, NEEDS IMPROVEMENT and UNACCEPTABLE ratings must be justified with specific description of exceptional or inadequate performance.	

NBME Subject Exam	Individual Scaled Score	Rotation Group Mean	Quarter x Percentile Rank
Clinical Skills Exam	Individual Score	Rotation Group Mean	

See Reverse
CLERKSHIP GRADE

NARRATIVE DESCRIPTION OF CLINICAL PERFORMANCE

SUMMARY OF OVERALL PERFORMANCE

	Yes	No
This report has been discussed with the student.	<input type="checkbox"/>	<input type="checkbox"/>
A copy of this report has been provided to student.	<input type="checkbox"/>	<input type="checkbox"/>
Concurrence of Dept of Family Medicine Education Committee	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Family Medicine Clerkship Director